EPI-LOG

Communicable Disease and Epidemiology News
Published continuously since 1961
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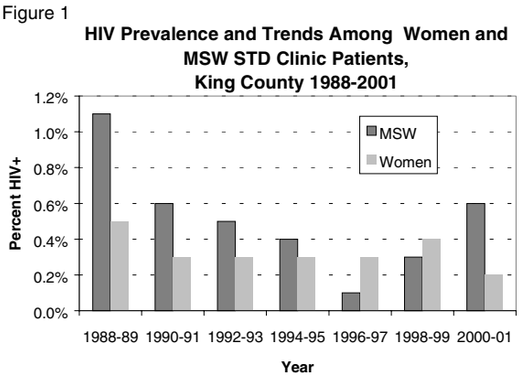
Survey of HIV Status and HIV Risk Behaviors among Seattle-King County STD Clinic Patients, 1988-2001

The Centers for Disease Control and Prevention (CDC) sponsored unlinked anonymous HIV seroprevalence surveys in different sentinel populations in selected metropolitan areas between 1988 and 1999 as part of a national HIV sero-surveillance system.[1,2] The findings described in this report are based on data collected during cross-sectional surveys conducted in the second half of each year between 1988 and 2001 at the Public Health–Seattle & King County (PHSKC) Sexually Transmitted Diseases (STD) Clinic. Leftover blood specimens that had been collected for clinical purposes were tested for HIV antibodies and linked via an anonymous code to data collected from patient records. The less sensitive HIV-1 EIA (Serological Testing Algorithm for Recent HIV Seroconversion, STARHS) methodology described by Janssen et al. was used to estimate HIV incidence.[3] The unlinked nature of the survey avoids participation bias and helps assure a representative sample of the survey population while preserving the anonymity of STD Clinic clients.

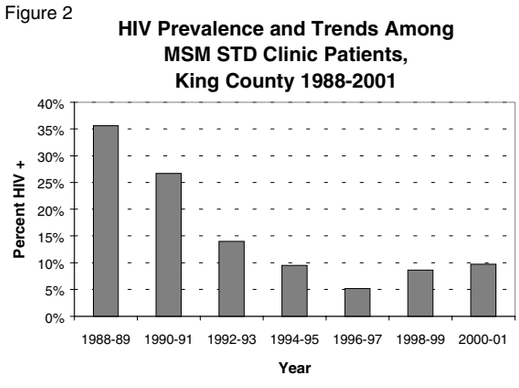
Figure 1



The findings among eligible surveyed STD patients are summarized below. Only data from the first visit in each annual survey period are included. Results for women and for men who have sex with women only (MSW) are sometimes combined because of their similar HIV seroprevalence. Prevalence rates are reported in two year increments due to small yearly HIV case numbers.

Data from 7,527 women, 12,232 men who had sex with women only (MSW), and 2,615 men who had sex with men (MSM) were included in the overall survey. Twenty-five (0.3%) of the women, 66 (0.5%) of the MSW, and 337 (13%) of the MSM tested positive for HIV. African American and Hispanic female and MSM clients and African American MSM clients had higher HIV prevalence than White clients. Among MSW, HIV prevalence declined from 1.1% in 1988-89 to 0.1% in 1996-97,

Figure 2



then increased to 0.6% in 2000-2001(Figure 1). Among MSM clients, HIV decreased from 35.6% in 1988-89 to 5.2% in 1996-97, then increased to 9.7% in 2000-01 (Figure 2). These recent increases among MSW and MSM were statistically significant. Between 1996-97 and 2000-01, HIV prevalence more than doubled in White MSM, and tripled in Black MSM

Between 1997 and 2001, 14% of females and MSW, and 51% of MSM reported ≥ 5 sex partners in the previous year.* Almost 60% of these clients reported no condom use at their last sexual encounter. Seventeen percent of the MSM clients reported sex with a woman in the previous year--2% of these MSM were HIV positive. During these years, 94% of females and MSW, and 84% of MSM had HIV testing at their current STD clinic visit, and 74% of females and MSW, and 90% of MSM

reported previous HIV testing.* Among the 115 MSM who tested HIV seropositive from 1997 to 2001, 56% knew they were HIV positive at the time of the visit, increasing from 41% in 1999 to 72% in 2002. While it is encouraging that a high proportion of MSM STD clients knew their positive status, it is concerning that such a high proportion practice unsafe sex resulting in the need for STD Clinic services. It is fortunate, however, that these men access the STD Clinic, which can provide comprehensive diagnostic, treatment, prevention, and referral services.

The estimated annual HIV incidence among MSM was 2.0% (95% CI=1.0%-3.7%) and did not differ significantly by year in spite of the changes in HIV seroprevalence. This is consistent with findings among San Francisco STD clinic clients.[2] Continuing high rates of syphilis and bacterial STDs among MSM in King County cause ongoing concern that HIV infection could increase here, similar to the increase that has been reported among MSM in San Francisco.[3, 4, 5]

STD clinics continue to be important sites for monitoring emerging trends in local HIV epidemiology because they serve large numbers of persons at increased risk for HIV due to unprotected sex and multiple sex partners. The increase in HIV prevalence among MSM STD Clinic clients warrants close monitoring of HIV and other STDs and risk behaviors among local MSM, as well as heightened emphasis on effective prevention. The recently observed increase among MSW also warrants close monitoring.

For additional information on the King County STD Clinic HIV Serosurvey, please contact Hanne Thiede at (206) 296-8663 or hanne.thiede@metrokc.gov.

*These data were not collected prior to 1997.

[1] Janssen RS, Satten GA, Stramer SL et al. New Testing Strategy to Detect Early HIV-1 Infection for Use in Incidence Estimates and for Clinical and Prevention Purposes. *JAMA* 1998;280:42-48.

[2] Schwarcz S, Kellogg T, McFarland W, et al. Differences in the temporal trends of HIV seroprevalence and behavioral risk among STD clinic clients, 1989-98: application of the serologic testing algorithm for recent HIV seroconversion. *Am J Epidemiology* 2001;153:925-34.

[3] CDC. Resurgent bacterial sexually transmitted disease among men who have sex with men - King County, Washington, 1997-1999. *MMWR* 1999;48:773-777.

[4] Williams LA, Klausner JD, Whittington WL et al. Elimination and reintroduction of primary and secondary syphilis. *Am J Public Health* 1999;89:1093-1097.

[5] Katz MH, Schwarcz SK, Kellogg TA, et al. Impact of highly active antiretroviral treatment on HIV seroincidence among men who have sex with men: San Francisco. *Am J Public Health* 2002;92:388-394.

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Reported Cases of Selected Diseases, Seattle & King County 2002

	Cases Reported in September		Cases Reported through September	
	2002	2001	2002	2001
AIDS	27	16	216	243
Campylobacteriosis	26	25	236	239
Cryptosporidiosis	4	1	16	16
Chlamydial infections	342	368	3179	3193
Enterohemorrhagic *E. coli* (non-O157)	0	0	0	3
***E. coli* O157: H7**	3	5	19	26
Giardiasis	12	15	137	107
Gonorrhea	133	135	1070	1181
***Haemophilus influenzae* (cases <6 years of age)**	0	0	0	0
Hepatitis A	3	4	28	18
Hepatitis B (acute)	4	2	24	27
Hepatitis B (chronic)	74	70	414	451
Hepatitis C (acute)	0	1	9	9
Hepatitis C (chronic, confirmed/probable)	83	110	1135	1080
Hepatitis C (chronic, possible)	26	34	364	409
Herpes, genital	57	51	500	532
Measles	0	0	0	12
Meningococcal Disease	0	2	15	8
Mumps	0	0	0	1
Pertussis	9	7	89	31
Rubella	0	0	2	0
Rubella, congenital	0	0	0	0
Salmonellosis	19	23	160	206
Shigellosis	10	10	50	83
Syphilis	2	4	31	43
Syphilis, congenital	0	0	0	0
Syphilis, late	4	5	28	35
Tuberculosis	16	6	115	96

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